PLEASE TYPE OR PRINT

☐ Ms.	NICHOLI	45 M	301	215
Wir. Artist_	141041021	12 /11.	(Last N	ame Last)
Permanent Address	268 CHA	GRIN K	D.	FALLS.
44022	Tel. (216)	247.	-693	34
Zip	Area Code			
Temporary Address				
5	Street		(City
	Tel. ()			
Zip	Area Code			
Permanent addr	ess is in what cou	nty? GE	AUG	A
Born in Cuyaho	ga County 🔀 Y	∕es □ No		
Collaborator	(If Any)	ONE		
🔀 Artist will p	t accepted or not pick up entries at N	Museum.		
	ould dispose of en			
☐ Museum sh	ould ship entries to	o artist C.O.	D. at this	address:

The attached card will be returned to you as notification of acceptance or rejection by the last week in April.

THE RETURNED CARD IS YOUR ONLY RECEIPT TO CLAIM YOUR ENTRIES. Do not lose it.

This entry blank must be fully made out and signed. Unsigned entry blanks will not be accepted.

Note calendar for delivery and return of objects carefully. It is understood that the Museum will have the right to dispose for its own account any entry not called for by the dates listed below.

It is also understood that accepted entries will remain on exhibition until June 10, 1973.

The submission of entries will be construed as acceptance of all conditions printed in the entry information.

Signature Meliolas M. Boris

		1					
CATEGORY ☐ 1. Paintings ☐ 2. Graphics ☒3. Photography ENTRY ONE ☐ 4. Sculpture ☐ 5. Electric ☐ 6. Crafts							
Medium or Materials							
PHOTOGRAPHY							
Title YESTERDAY							
Price or NFS Insurance Value If NFS Only		16×20					
	GRAPHICS	AND PHOTOGR	APHY ONLY				
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